

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

167517
FILING DATE: 11-1-11
APPLICANT(S):

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1						
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TOTAL CLAIMS	1						
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